



PATIENT PRESENTING CLINICAL SIGNS

Loki Sam Shivering, inappetence, lethargy, follow up on recent study Current meds: Enalapril, Amlodipine
Abnormal PE/Chem/CBC/UA Results: Crea 1.8, BUN >130, UPC 8.8 U/A: 3+ protein, 2+ hyaline, IDEXX cystatin B 819, USG 1.023

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Yorkshire Terrier

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

MN

Normal size and margination were present in the kidneys. Subjective minor cortex hypertrophy with adequate medullary volume. Overall maintained renal architecture with adequate corticomedullary border demarcation. No evidence of pyelectasia. No evidence of left or right retroperitoneal effusion. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

AGE

7yr

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology

WEIGHT

6.2lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Meghan Morse

Liver/Gallbladder

HOSPITAL NAME

Englewood Veterinary Center

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr Ezik

Gastrointestinal

INVOICE 23001

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

11/21/2025



PATIENT

Loki Sam

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Canine

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

Yorkshire Terrier

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific nephropathy without overt renal architectural pathology.
- Normal bilateral adrenal glands
- Normal gastrointestinal tract / pancreas

AGE

7yr

WEIGHT

6.2lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A similar sonographic presentation compared to previous study without overt sonographic evidence of visceral, specifically renal pathology. Continued renal support and empirical therapy for non-specific PLN, i.e. glomerulonephritis, other glomerulopathy, which may present sonographically normal is recommended. Concurrent monitoring of systemic BP and hypertension therapy, if clinically indicated with gastrointestinal support is recommended.

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(Canine and Feline)

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**IMAGING
PERFORMED BY**

Meghan Morse

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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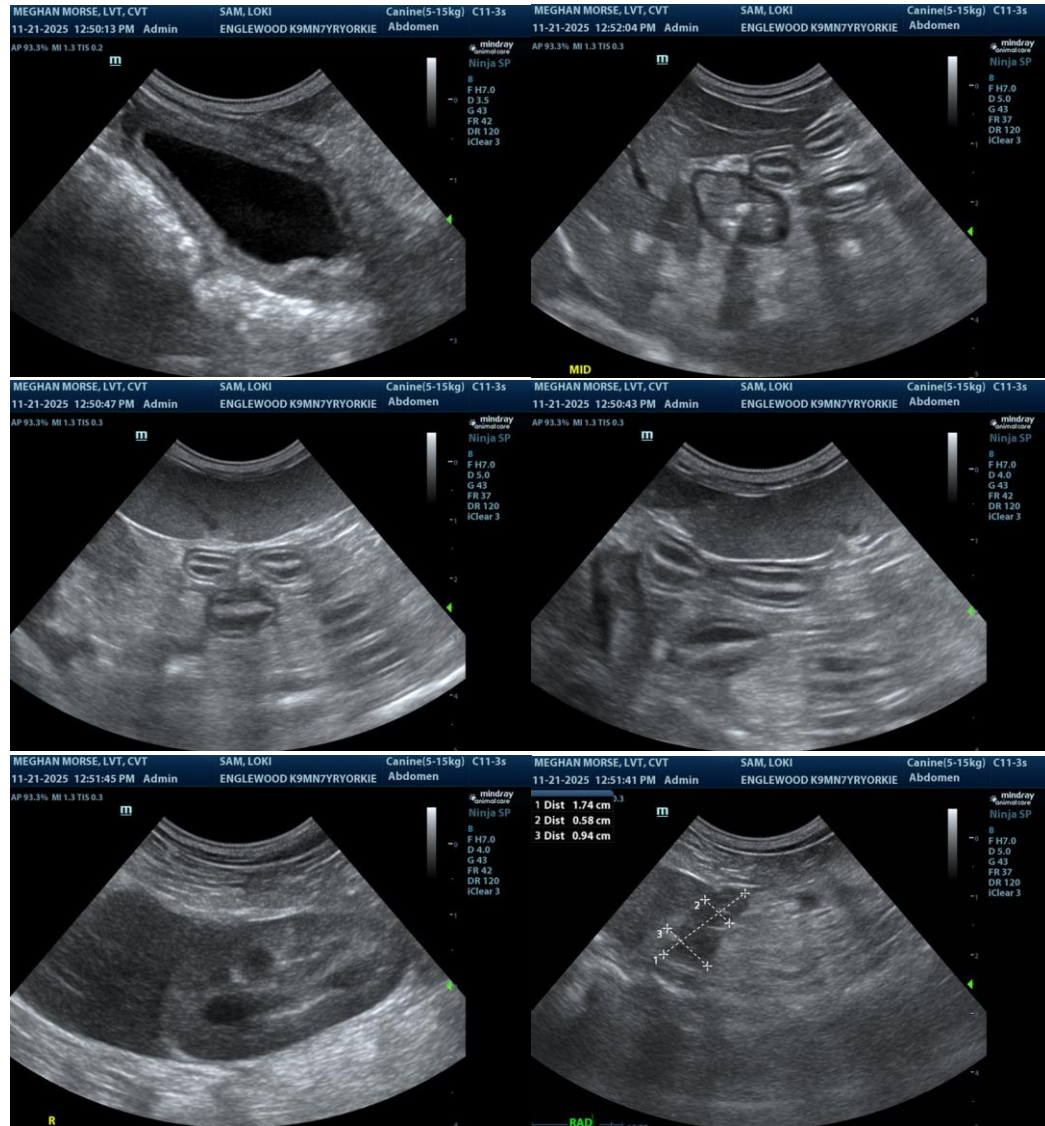
Dr Ezik

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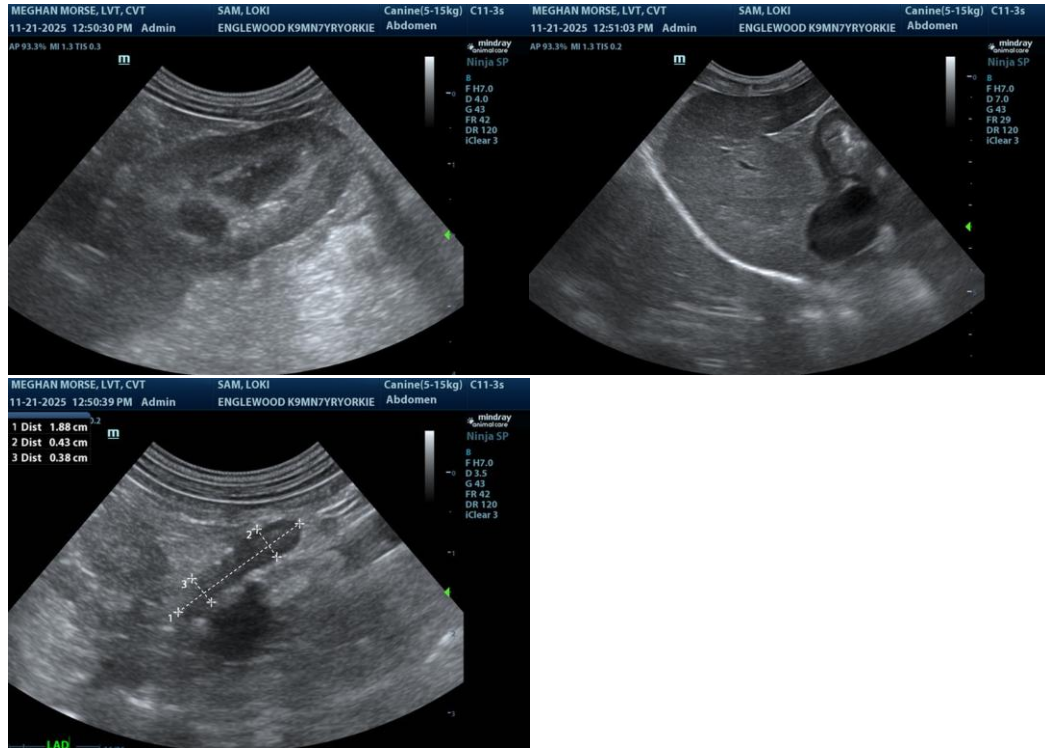
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

IMAGING PERFORMED BY

Meghan Morse

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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